

UNITED STATES BANKRUPTCY COURT		Northern District of Texas	PROOF OF CLAIM
Name of Debtor: Cano Petroleum, Inc., et al.		Case Number: 12-31549-BJH	<p style="text-align: center;">COURT USE ONLY</p> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property): ACE Property & Casualty Insurance Company			
Name and address where notices should be sent: ACE American Insurance Company c/o Robert Turrin, Esq. 436 Walnut Street, WA04K, Philadelphia, PA 19106		Telephone number: (215) 640-2089 email: robert.turrin@acegroup.com	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		RECEIVED MAY 04 2012 BMC GROUP	
Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed: \$ <u>contingent & unliquidated</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>deductible on insurance policy</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 8 7 0 9	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	
		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
		Amount entitled to priority: \$ _____	
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			



7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.
- (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Darlene D. Schneider

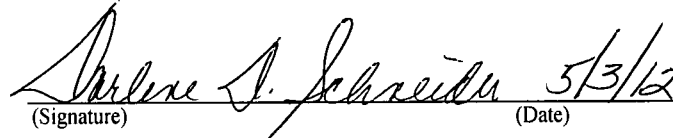
Title: Sr. Legal Assistant

Company: ACE American Insurance Company

Address and telephone number (if different from notice address above):

436 Walnut Street, WA04K

Philadelphia, PA 19106

 5/3/12
(Signature) (Date)

Telephone number: (215) 640-4864 email: darlene.schneider@acegroup.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

EXHIBIT A TO PROOF OF CLAIM OF
ACE PROPERTY & CASUALTY INSURANCE COMPANY
In re: Cano Petroleum, Inc., Case No. 12-31549(BJH)
(U.S.B.C. N.D.TX)

1. ACE Property & Casualty Insurance Company, and/or possibly other affiliated members of the ACE Group of Companies (collectively referred to as "ACE") issued insurance policy (ies) ("Policies") covering the Debtor, Cano Petroleum, Inc.. These Policies provided coverage to the Debtor for commercial umbrella liability claims.

2. The presently-known Policy is identified as: ACE Property & Casualty Insurance Company Policy No. G24538709 effective August 16, 2011 until August 16, 2012. However, this matter is still under investigation and ACE reserves the right to supplement or amend this list.

3. Above-mentioned Policy No. G24538709 is not attached due to its voluminous nature.

4. The Debtor's obligations under the Policies include, without limitation, the obligation to pay premium, audit premium, deductibles, self-insured retentions, and the obligation to cooperate and assist in the investigation and defense of claims, and/or the obligation to defend claims.

5. In filing this Proof of Claim, ACE is not waiving or prejudicing its rights to require the Debtors to satisfy their obligations to pay premium or audit premium.

6. In filing this Proof of Claim, ACE is not waiving any applicable right it may have to arbitrate any disputes with the Debtors.

7. ACE reserves its recoupment and set-off rights in any amounts (including but not limited to any return premium, unearned premium, and/or premium reimbursement) that ACE might otherwise owe.

8. The filing of this Proof of Claim shall not constitute (a) a waiver of ACE's rights, claims, defenses, and remedies under the Policies, whether against the Debtors or any other person or entity, (b) a waiver of ACE's rights of indemnification, reimbursement or subrogation against the Debtors or any creditor of the Debtors or any other party, (c) a waiver of any past, present or future default under the Policies, or (d) an admission that any collateral held by ACE is property of the estate.

9. This proof of claim shall not be deemed to be a waiver of, and is without prejudice to:
- (i) the right of ACE to have final orders in non-core matters entered only after de novo review by a United States District Judge,
 - (ii) the right of ACE to arbitrate any dispute in accordance with the terms of the Policies and/or any related agreements or, alternatively, to trial by jury in any proceeding so triable in this case, or any case, controversy, or proceeding related to this case,
 - (iii) the right of ACE to request the United States District Court to withdraw the reference or to abstain in any matter subject to mandatory or discretionary withdrawal or abstention, and/or
 - (iv) any and all of the Insurers' rights, claims and/or defenses of any nature whatsoever under the Policies, the Agreements, the Bankruptcy Code and/or any otherwise applicable law.
10. ACE reserves the right to amend or supplement this Proof of Claim.



ACE
Corporation Legal
Routing WA04K
436 Walnut Street
Philadelphia, PA 19106

215-640-4864 tel

Darlene.Schneider@acegroup.com
www.acegroup.com

Darlene D. Schneider
Senior Legal Assistant

May 3, 2012

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY

BMC Group, Inc.
Re: Cano Petroleum, Inc.
18675 Lake Drive East
Chanhassen, MN 55317

RE: In re: Can Petroleum, Inc., et al.
Case No.: 12-31549-BJH-11

Dear Sir/Madam:

Enclosed for filing are an original and one (1) copy of a Proof of Claim and attachments of ACE American Insurance Company, and an original and one (1) copy of a Proof of Claim and attachments of ACE Property & Casualty Insurance Company, both which are members of the ACE Group of Insurance Companies. Please return the filed copies to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Darlene D. Schneider".

Darlene D. Schneider
Senior Legal Assistant

/DDS
Enclosures

PLEASE FOLD THIS SHIPPING DOCUMENT IN HALF AND PLACE IT IN A WAYBILL POUCH AFFIXED TO YOUR SHIPMENT SO THAT THE BARCODE PORTION OF THE LABEL CAN BE READ AND SCANNED. ***WARNING: USE ONLY THE PRINTED ORIGINAL LABEL FOR SHIPPING. USING A PHOTOCOPY OF THIS LABEL FOR SHIPPING PURPOSES IS FRAUDULENT AND COULD RESULT IN ADDITIONAL BILLING CHARGES, ALONG WITH THE CANCELLATION OF YOUR FEDEX ACCOUNT NUMBER.

From: Origin ID: BBXA (215) 640 4864
Donald Hunter Esq.
ACE American Ins Co
436 Walnut Street
WA04K
Philadelphia, PA 19106



CLB-7062CZ1/23

Ship Date: 03MAY12
ActWgt: 1 LB
System#: 145717/FXRS0855
Account#: S 247491198

Delivery Address Bar Code



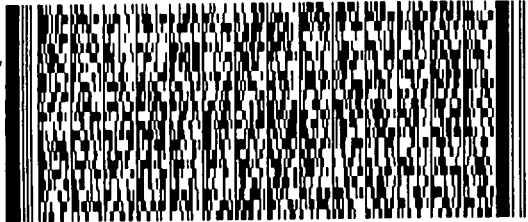
SHIP TO: (215) 640 4864 **BILL SENDER**
BMC Group Inc.
Re Cano Petroleum Inc.
18675 Lake Drive East

Ref # 2184522578
Invoice #
PO #
Dept #

Chanhassen, MN 55317

TRK# 7334 5485 5033
0201

FRI - 04MAY **A1 RECEIVED**
PRIORITY OVERNIGHT
MAY 04 2012



XH-FBLA

MSP
MN-US
55317

BMC GROUP

